INSTRUCTIONS for BUILDING PERMIT WORKSHEET

- 1. Complete <u>only</u> the shaded, boxed selection of this form. After completion, please print (in triplicate) and bring them to the Permits Office (2nd floor), Administrative Office Building, 220 South Main Street, Bel Air, Maryland.
- 2. If the construction is to be done by a Maryland Home Improvement contractor, a copy of your contract along with the license number of the contractor is required at the time of application. If you do not have a signed contract from the home improvement contractor, a letter of authorization, indicating their Maryland Home Improvement License number, is required at the time of application.
- 3. To avoid any delays in making your building permit application(s), or the need for a return trip, please call the Permits Office at 410.638.3103 and ask to speak with a Zoning Technician <u>prior to bringing your Building Permit Worksheet into the Permits Office</u>. If any additional information is required at the time of your application, i.e., plat of your property, letter of authorization, 3 sets of constructions plans, etc., the Zoning Technician will let you know. It is important to bring all required documents with you.

SHOULD THIS APPLICATION BE DENIED FOR ANY REASON, ONLY $\underline{50\%}$ OF THE FEE WILL BE REFUNDED HARFORD COUNTY, MARYLAND

BUILDING PERMIT WORKSHEET

Permit No. ______Owner Authorization Letter ______

WORKSHEET MUS	ST BE SIGNED Grading	Permit No			
Applicant – Complete Shaded Area (Please Print Clearly) Address/Location of Work Site (include city): Application Date:					
			Public	Private	
				Septic	Well
Permit Request for					
Height of Structure: Number of Stories: Finish Basement: Construction Cost: \$ Is this permit application the result of a zoning enforcement investigation or Stop Work Order?					
	violate your covenants or r	estrictions for your	property?	F	
Applicant	Name:		Pnone:	Fax:	
Information	Address: Street #		City	 State	Zip
Property	N.1		2		
Property Owner	Address:		111011		
Information	Street #		City	State	Zip
Contractor	Name:		Phon	e:	
Information	Address:				
	Street #	Street	City	State	Zip
Map: Gr Building Use: Acreage/Lot Size:_ Electricity: Zoning District: Forest Conservation	ment License #: id: Parcel: Type Work: Cens Plumbing: n: Grandfathered	Lot No.: TZ: sus Tract No.: Board of Appe _ Exempt	Section No.: Tax ID: Field _Type Heat: als Reference: Approved Plan	l Card:	
Plan	Plans Submitted:	Model:	No. of I	Bedrooms:	
Information	No. of Full Bathrooms: _	No. of Ha	f Bathrooms:	No. of Fireplaces:	
	Width X Length	X Floors	Square Feet	X Rate =	: Fee
Calculation	Х	Χ		X =	: <u></u>
	X	Χ	- =	X =	: <u></u>
	X	Χ	_ =	X =	·
		DRMATION SUBMITTI	ED WITH APPLICATION.		
provisions of the Harfo Department of Inspection	ed and read this application and ord County Codes and laws of ns, Licenses and Permits twenty is given for the entry of authorize	the State of Marylan r-four (24) hours in ac	nd will be complied with, Ivance, when I am ready	whether specified or no for inspections. No we	ot. I will notify the
Print Name					
			0	\	. (1) on f
Signature	Date			A permit will expire or ss work is started and	